



**JOSEPH SEARS**  
EST. 1899

## Calendar Event and/or Room Reservation Request

Please submit your completed form to Susan White (in person or via email [swhite@kenilworth38.org](mailto:swhite@kenilworth38.org))

Name of Event: \_\_\_\_\_ Audience: \_\_\_\_\_

Planned Event Date(s): \_\_\_\_\_  
(For re-occurring meetings note day & time each week/month e.g. 3rd Monday of each month)

Expected Number of Attendees: \_\_\_\_\_

Event Time Frame (Start and End Time): \_\_\_\_\_

Alternate Event Date(s) & Time: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Venue:  AUD  AUDFYR  FH  FHCR  GYM  HR  LTC  MPR  ODC\*\*  TL  
 Other \_\_\_\_\_

Alternate Venue:  AUD  AUDFYR  FH  FHCR  GYM  HR  LTC  MPR  ODC\*\*  TL  
 Other \_\_\_\_\_

*Venue Abbreviations:* Nygaard Auditorium (AUD); Nygaard Auditorium Foyer (AUDFYR); Faculty Hall (FH); Faculty Hall Conference Room (FHCR); Gymnasium (GYM); Health Room (HR); Library Technology Center (LTC); Multipurpose Room (MPR); Outdoor Classroom (ODC); Teachers' Lounge (TL) **\*\*needs Outdoor Classroom Coordinator approval**

**Receipt or acknowledgement of this form does not negate the need for additional completed forms and agreements required for outside groups requesting to use facilities. Those additional forms and agreements must be obtained from and submitted to the Superintendent/ Chief School Business Official, Dr. Crystal LeRoy, [cleroy@kenilworth38.org](mailto:cleroy@kenilworth38.org), (847) 853-3805.**

**For Office Use Only:**

Scheduled Event Date: \_\_\_\_\_

Scheduled:  in Parent/Handbook  on School/District Website Calendar

Confirmation Email Sent: \_\_\_\_\_ Office Administration Initials: \_\_\_\_\_

Revised 3/28/17